

SENATE BILL NO. 1275

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Education and Health

on \_\_\_\_\_)

(Patron Prior to Substitute--Senator Dunnavant)

A BILL to amend and reenact §§ 54.1-2957.9 and 54.1-3408 of the Code of Virginia, relating to midwifery; administration of medication.

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 54.1-2957.9 and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:**

**§ 54.1-2957.9. Regulation of the practice of midwifery.**

The Board shall adopt regulations governing the practice of midwifery, upon consultation with the Advisory Board on Midwifery. The regulations shall (i) address the requirements for licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the North American Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority ~~and the possession and administration of controlled substances~~ shall be prohibited, (iii) ensure independent practice, (iv) require midwives to disclose to their patients, when appropriate, options for consultation and referral to a physician and evidence-based information on health risks associated with birth of a child outside of a hospital or birthing center, as defined in § 54.1-2957.03, including risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation, (v) provide for an appropriate license fee, and (vi) include requirements for licensure renewal and continuing education. Such regulations shall not (a) require any agreement, written or otherwise, with another health care professional or (b) require the assessment of a woman who is seeking midwifery services by another health care professional. A licensed midwife may obtain, possess, and administer drugs and devices that are used within the licensed midwife's scope of practice as determined by the North American Registry of Midwives Job Analysis. The Board of Medicine

27 shall develop and publish best practice and standards of care guidance for all such drugs. The formulary  
28 shall not include any drug, as defined in § 54.1-3401, in Schedule I through V of the Drug Control Act. A  
29 licensed midwife may obtain medications and devices to treat conditions within the licensed midwife's  
30 scope of practice from entities including a pharmacy, as defined in § 54.1-3300, or a manufacturer, medical  
31 equipment supplier, outsourcing facility, warehouse, or wholesale distributor, as these terms are defined  
32 in § 54.1-3401. An entity that provides a medication to a licensed midwife in accordance with this section,  
33 and who relies in good faith upon the license information provided by the licensed midwife, is not subject  
34 to liability for providing the medication.

35 Completing all Alliance for Innovation on Maternal Health patient safety bundles advanced by the  
36 Virginia Neonatal Perinatal Collaborative shall be required of any licensed midwife who obtains,  
37 possesses, and administers drugs and devices within the scope of his practice.

38 License renewal shall be contingent upon maintaining a Certified Professional Midwife  
39 certification.

40 **§ 54.1-3408. Professional use by practitioners.**

41 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed  
42 nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a  
43 licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article  
44 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances  
45 in good faith for medicinal or therapeutic purposes within the course of his professional practice. A  
46 licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled  
47 substances in good faith for medicinal or therapeutic purposes within the course of his professional  
48 practice.

49 B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral  
50 prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may  
51 cause drugs or devices to be administered by:

52 1. A nurse, physician assistant, or intern under his direction and supervision;

53           2. Persons trained to administer drugs and devices to patients in state-owned or state-operated  
54 hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the  
55 Department of Behavioral Health and Developmental Services who administer drugs under the control  
56 and supervision of the prescriber or a pharmacist;

57           3. Emergency medical services personnel certified and authorized to administer drugs and devices  
58 pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant  
59 to an oral or written order or standing protocol; or

60           4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation  
61 controlled substances used in inhalation or respiratory therapy.

62           C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by  
63 state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may  
64 authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used  
65 in the diagnosis or treatment of disease.

66           D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the  
67 course of his professional practice, such prescriber may authorize registered nurses and licensed practical  
68 nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical  
69 conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

70           Pursuant to the regulations of the Board of Health, certain emergency medical services technicians  
71 may possess and administer epinephrine in emergency cases of anaphylactic shock.

72           Pursuant to an order or standing protocol issued by the prescriber within the course of his  
73 professional practice, any school nurse, school board employee, employee of a local governing body, or  
74 employee of a local health department who is authorized by a prescriber and trained in the administration  
75 of epinephrine may possess and administer epinephrine.

76           Pursuant to an order or standing protocol that shall be issued by the local health director within the  
77 course of his professional practice, any school nurse, school board employee, employee of a local  
78 governing body, or employee of a local health department who is authorized by the local health director  
79 and trained in the administration of albuterol inhalers and valved holding chambers or nebulized albuterol

80 may possess or administer an albuterol inhaler and a valved holding chamber or nebulized albuterol to a  
81 student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student  
82 is believed to be experiencing or about to experience an asthmatic crisis.

83 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
84 professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and  
85 licensed by the Board of Education, or any employee of a private school that is accredited pursuant to §  
86 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber  
87 and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b)  
88 albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized  
89 albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol  
90 when the student is believed to be experiencing or about to experience an asthmatic crisis.

91 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
92 professional practice, any nurse at an early childhood care and education entity, employee at the entity, or  
93 employee of a local health department who is authorized by a prescriber and trained in the administration  
94 of epinephrine may possess and administer epinephrine.

95 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
96 professional practice, any employee of a public institution of higher education or a private institution of  
97 higher education who is authorized by a prescriber and trained in the administration of epinephrine may  
98 possess and administer epinephrine.

99 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
100 professional practice, any employee of an organization providing outdoor educational experiences or  
101 programs for youth who is authorized by a prescriber and trained in the administration of epinephrine may  
102 possess and administer epinephrine.

103 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
104 professional practice, and in accordance with policies and guidelines established by the Department of  
105 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§

106 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at  
107 which the employee is employed, provided that such person is trained in the administration of epinephrine.

108 Pursuant to an order issued by the prescriber within the course of his professional practice, an  
109 employee of a provider licensed by the Department of Behavioral Health and Developmental Services or  
110 a person providing services pursuant to a contract with a provider licensed by the Department of  
111 Behavioral Health and Developmental Services may possess and administer epinephrine, provided such  
112 person is authorized and trained in the administration of epinephrine.

113 Pursuant to an order or standing protocol issued by the prescriber within the course of his  
114 professional practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a  
115 prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

116 Pursuant to an oral or written order or standing protocol issued by the prescriber within the course  
117 of his professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen  
118 for administration in treatment of emergency medical conditions.

119 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the  
120 course of his professional practice, such prescriber may authorize licensed physical therapists to possess  
121 and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

122 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the  
123 course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and  
124 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use in  
125 emergency situations; epinephrine for use in emergency cases of anaphylactic shock; and naloxone or  
126 other opioid antagonist for overdose reversal.

127 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the  
128 course of his professional practice, and in accordance with policies and guidelines established by the  
129 Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed  
130 practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified  
131 protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines  
132 shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention

133 for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any  
134 subsequently implemented standards of the Occupational Safety and Health Administration and the  
135 Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's  
136 policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to  
137 whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of  
138 those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing  
139 protocols has received adequate training in the practice and principles underlying tuberculin screening.

140           The Health Commissioner or his designee may authorize registered nurses, acting as agents of the  
141 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein  
142 derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and  
143 policies established by the Department of Health.

144           H. Pursuant to a written order or standing protocol issued by the prescriber within the course of  
145 his professional practice, such prescriber may authorize, with the consent of the parents as defined in §  
146 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-  
147 319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as  
148 administered by the Virginia Council for Private Education who is trained in the administration of insulin  
149 and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as  
150 having diabetes and who requires insulin injections during the school day or for whom glucagon has been  
151 prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when  
152 a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the  
153 administration of the medication.

154           Pursuant to a written order or standing protocol issued by the prescriber within the course of his  
155 professional practice, such prescriber may authorize an employee of a public institution of higher  
156 education or a private institution of higher education who is trained in the administration of insulin and  
157 glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed  
158 as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the  
159 emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse,

160 nurse practitioner, physician, or physician assistant is not present to perform the administration of the  
161 medication.

162 Pursuant to a written order issued by the prescriber within the course of his professional practice,  
163 such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health  
164 and Developmental Services or a person providing services pursuant to a contract with a provider licensed  
165 by the Department of Behavioral Health and Developmental Services to assist with the administration of  
166 insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin  
167 injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia,  
168 provided such employee or person providing services has been trained in the administration of insulin and  
169 glucagon.

170 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the  
171 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is  
172 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses  
173 under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with  
174 established protocols of the Department of Health may authorize the administration of vaccines to any  
175 person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced  
176 life support certificate issued by the Commissioner of Health under the direction of an operational medical  
177 director when the prescriber is not physically present. The emergency medical services provider shall  
178 provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

179 J. A dentist may cause Schedule VI topical drugs to be administered under his direction and  
180 supervision by either a dental hygienist or by an authorized agent of the dentist.

181 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist  
182 in the course of his professional practice, a dentist may authorize a dental hygienist under his general  
183 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of §  
184 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly  
185 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical  
186 drug approved by the Board of Dentistry.

187 In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule  
188 VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI  
189 local anesthesia.

190 K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the  
191 course of his professional practice, such prescriber may authorize registered professional nurses certified  
192 as sexual assault nurse examiners-A (SANE-A) under his supervision and when he is not physically  
193 present to possess and administer preventive medications for victims of sexual assault as recommended  
194 by the Centers for Disease Control and Prevention.

195 L. This section shall not prevent the administration of drugs by a person who has satisfactorily  
196 completed a training program for this purpose approved by the Board of Nursing and who administers  
197 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of  
198 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to  
199 security and record keeping, when the drugs administered would be normally self-administered by (i) an  
200 individual receiving services in a program licensed by the Department of Behavioral Health and  
201 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision  
202 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the  
203 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program  
204 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any  
205 facility authorized or operated by a state or local government whose primary purpose is not to provide  
206 health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and  
207 licensed by the Department of Social Services, Department of Education, or Department of Behavioral  
208 Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined  
209 in § 22.1-319 and licensed by the Board of Education.

210 In addition, this section shall not prevent a person who has successfully completed a training  
211 program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of  
212 Nursing and been evaluated by a registered nurse as having demonstrated competency in administration  
213 of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from

214 a program licensed by the Department of Behavioral Health and Developmental Services to such person  
215 via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via  
216 percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

217 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.)  
218 of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted  
219 living facility licensed by the Department of Social Services. A registered medication aide shall administer  
220 drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage,  
221 frequency, and manner of administration; in accordance with regulations promulgated by the Board of  
222 Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's  
223 Medication Management Plan; and in accordance with such other regulations governing their practice  
224 promulgated by the Board of Nursing.

225 N. In addition, this section shall not prevent the administration of drugs by a person who  
226 administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and  
227 manner of administration and with written authorization of a parent, and in accordance with school board  
228 regulations relating to training, security and record keeping, when the drugs administered would be  
229 normally self-administered by a student of a Virginia public school. Training for such persons shall be  
230 accomplished through a program approved by the local school boards, in consultation with the local  
231 departments of health.

232 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child  
233 in a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local  
234 government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to §  
235 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has  
236 satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught  
237 by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine  
238 or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or guardian;  
239 (c) administers drugs only to the child identified on the prescription label in accordance with the  
240 prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)

241 administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled  
242 container that would normally be self-administered by the child or student, or administered by a parent or  
243 guardian to the child or student.

244 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices  
245 by persons if they are authorized by the State Health Commissioner in accordance with protocols  
246 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared  
247 a disaster or a state of emergency, the United States Secretary of Health and Human Services has issued a  
248 declaration of an actual or potential bioterrorism incident or other actual or potential public health  
249 emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the purpose of  
250 suppressing nuisances dangerous to the public health and communicable, contagious, and infectious  
251 diseases and other dangers to the public life and health and for the limited purpose of administering  
252 vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases; (ii)  
253 it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the  
254 training necessary to safely administer or dispense the needed drugs or devices. Such persons shall  
255 administer or dispense all drugs or devices under the direction, control, and supervision of the State Health  
256 Commissioner.

257 Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by  
258 unlicensed individuals to a person in his private residence.

259 R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his  
260 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to  
261 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid  
262 prescriptions.

263 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient  
264 care technicians who are certified by an organization approved by the Board of Health Professions or  
265 persons authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the  
266 ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin,  
267 topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for

268 the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under  
269 the orders of a licensed physician, nurse practitioner, or physician assistant and under the immediate and  
270 direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a  
271 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the  
272 clinical skills instruction segment of a supervised dialysis technician training program, provided such  
273 trainee is identified as a "trainee" while working in a renal dialysis facility.

274 The dialysis care technician or dialysis patient care technician administering the medications shall  
275 have demonstrated competency as evidenced by holding current valid certification from an organization  
276 approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

277 T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be  
278 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

279 U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a  
280 prescriber may authorize the administration of controlled substances by personnel who have been properly  
281 trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include  
282 intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such  
283 administration.

284 V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine,  
285 osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral  
286 or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

287 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may  
288 authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse,  
289 licensed practical nurse under the direction and immediate supervision of a registered nurse, or emergency  
290 medical services provider who holds an advanced life support certificate issued by the Commissioner of  
291 Health when the prescriber is not physically present.

292 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order  
293 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee  
294 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence

295 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols  
296 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
297 Health, a pharmacist, a health care provider providing services in a hospital emergency department, and  
298 emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or  
299 other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid  
300 antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other  
301 opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to  
302 experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101,  
303 employees of the Department of Forensic Science, employees of the Office of the Chief Medical  
304 Examiner, employees of the Department of General Services Division of Consolidated Laboratory  
305 Services, employees of the Department of Corrections designated as probation and parole officers or as  
306 correctional officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated  
307 as probation and parole officers or as juvenile correctional officers, employees of regional jails, school  
308 nurses, local health department employees that are assigned to a public school pursuant to an agreement  
309 between the local health department and the school board, other school board employees or individuals  
310 contracted by a school board to provide school health services, and firefighters who have completed a  
311 training program may also possess and administer naloxone or other opioid antagonist used for overdose  
312 reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an  
313 oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of  
314 Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation  
315 with the Board of Medicine and the Department of Health.

316 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order  
317 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee  
318 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence  
319 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols  
320 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
321 Health, an employee or other person acting on behalf of a public place who has completed a training

322 program may also possess and administer naloxone or other opioid antagonist used for overdose reversal  
323 other than naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with  
324 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the  
325 Department of Health.

326 Notwithstanding any other law or regulation to the contrary, an employee or other person acting  
327 on behalf of a public place may possess and administer naloxone or other opioid antagonist, other than  
328 naloxone in an injectable formulation with a hypodermic needle or syringe, to a person who is believed to  
329 be experiencing or about to experience a life-threatening opioid overdose if he has completed a training  
330 program on the administration of such naloxone and administers naloxone in accordance with protocols  
331 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
332 Health.

333 For the purposes of this subsection, "public place" means any enclosed area that is used or held  
334 out for use by the public, whether owned or operated by a public or private interest.

335 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf  
336 of an organization that provides services to individuals at risk of experiencing an opioid overdose or  
337 training in the administration of naloxone for overdose reversal may dispense naloxone to a person who  
338 has received instruction on the administration of naloxone for opioid overdose reversal, provided that such  
339 dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols  
340 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
341 Health. If the person acting on behalf of an organization dispenses naloxone in an injectable formulation  
342 with a hypodermic needle or syringe, he shall first obtain authorization from the Department of Behavioral  
343 Health and Developmental Services to train individuals on the proper administration of naloxone by and  
344 proper disposal of a hypodermic needle or syringe, and he shall obtain a controlled substance registration  
345 from the Board of Pharmacy. The Board of Pharmacy shall not charge a fee for the issuance of such  
346 controlled substance registration. The dispensing may occur at a site other than that of the controlled  
347 substance registration provided the entity possessing the controlled substances registration maintains  
348 records in accordance with regulations of the Board of Pharmacy. No person who dispenses naloxone on

349 behalf of an organization pursuant to this subsection shall charge a fee for the dispensing of naloxone that  
350 is greater than the cost to the organization of obtaining the naloxone dispensed. A person to whom  
351 naloxone has been dispensed pursuant to this subsection may possess naloxone and may administer  
352 naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid  
353 overdose.

354 Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist  
355 used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal  
356 to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

357 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of  
358 his professional practice, such prescriber may authorize, with the consent of the parents as defined in §  
359 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-  
360 319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as  
361 administered by the Virginia Council for Private Education who is trained in the administration of injected  
362 medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to  
363 administer such medication to a student diagnosed with a condition causing adrenal insufficiency when  
364 the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall  
365 be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present  
366 to perform the administration of the medication.

367 #